



AFFIDAVIT OF CITIZENSHIP

I certify and declare that I am of good moral character and that all information contained in this application is true and correct, to the best of my knowledge. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Secretary of State. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Cemetery and Funeral Services Act of 2000 and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

_____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document under to O.C.G.A. § 50-36-2:

_____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Secretary of State, Board of Cemeteries and/or criminal prosecution.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Secretary of State may suspend my registration without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

Signature of Applicant Date

Print Applicant's Name

Date

STATE OF Georgia

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____

My Commission Expires _____
(seal)